

PREFERENCE BENEFICIARY AFFIDAVIT

IMPORTANT: PLEASE REFER TO
THE REVERSE SIDE OF THIS FORM



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
HARTFORD LIFE INSURANCE COMPANY
HARTFORD FIRE INSURANCE COMPANY
(known collectively as The Hartford)

Name of Deceased

Martha A Storz

Claim Number

N-444451

Policy Number

6142112

NOTE: This affidavit is to be used whenever no beneficiary was designated, or no designated beneficiary survived the deceased. It is to be completed only by the person or persons within the first surviving class of the following classes of successive preference beneficiaries of the deceased: 1) widow or widower; 2) children; 3) parents; 4) executors or administrators. FOR THE PURPOSE OF inducing The Hartford to recognize the person(s) named herein as the preference beneficiary(ies) entitled to payment, the undersigned does answer as follows and agrees to reimburse The Hartford for any improper payment which is made based upon the information contained in this affidavit.

State or Province of _____ County of _____

I, _____ residing at _____

3/17/09 4:46:43

m BK 2 PG 245

DESOTO COUNTY, MS

W.E. DAVIS, CH CLERK

being first duly

sworn, depose and state:

WIDOW OR
WIDOWER

That I am the surviving spouse of the deceased person named above.

My birth date is _____

(Signed) _____

4/14/09 3:46:59

Social Security # _____

(Phone) () _____

m BK 2 PG 247

DESOTO COUNTY, MS

W.E. DAVIS, CH CLERK

SON OR
DAUGHTER

That the deceased person above left no surviving spouse; that I am a child of the deceased; and that the deceased left no surviving children other than myself and those listed below: (Use separate sheet, if necessary.)

NAME

Richard A Storz

ADDRESS

4090 Redwood Olive Branch MS

DATE OF BIRTH

5-24-58

SOCIAL SECURITY NO.

411-13-2256

Mark T. Storz

7220 Helen Cr. Olive Branch MS

9-5-55

SIGNED

Richard A Storz

PHONE

(662) 895-1454

FATHER OR
MOTHER

That the deceased named above left no surviving spouse or child(ren); that I am a parent of the deceased; and that the other parent is listed below:

NAME

ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NO.

SIGNED

PHONE ()

EXECUTOR OR ADMINISTRATOR That the deceased person named above left no surviving spouse, child, parent, and that I am the executor or administrator of the estate of the deceased.

SIGNED

PHONE ()

ADDRESS

TAX ID NUMBER

NOTARIZATION:

Subscribed and sworn to before me this

17th

March

2009

Susan D. McMillian

Notary Public

Susan D. McMillian

Affiant's full name

Seal

